

Bureau of Emergency Medical Services'
Policy:
Arizona State Trauma Registry Reports Dissemination

PURPOSE

To define the categories of reports that will be generated from the state trauma registry and the utilization and distribution of those reports.

POLICY

All reports generated from data in the Arizona state trauma registry must meet one of the defined categories as listed in this document and be distributed according to the requirements stipulated for that category of report.

AUTHORITY

A.R.S. 36-2220, 36-2221 and 36-2403 Trauma Data Confidentiality and Reports Distribution

APPLICABILITY

This policy and procedure applies to all trauma registry users, hospital users of the registry, employees of BEMS, or other governmental agencies entitled to Trauma Registry information, members of all Quality Assurance Committees, members of the State Trauma Advisory Board (STAB) and their subcommittees, and the Public.

DEFINITIONS

- A. "Standard Public Report" is any report that is produced from statewide aggregate trauma data with the redaction of any and all patient or provider identifiers and intended for public dissemination
- B. "Quality Assurance Report" is any report that is produced for the sole purpose of confidential review of care delivery within the trauma system.
- C. "Special Report" is any report that is created from statewide aggregate trauma data with the redaction of any and all patient and provider identifiers prior to distribution. These reports are intended for use by research organizations, injury prevention programs or requests by public entities for specific public health issues that fall outside of the Standard Public Report.
- D. "Statewide Aggregate Trauma Data" are that data from the Trauma Registry that have been combined such that the resulting data do not directly or indirectly identify a trauma patient, the trauma patient's family, any healthcare provider or trauma facility. There must be a minimum of 10 cases in any subset of any report.
- E. "Trauma Patient Health Care Provider" is any care giver involved in the delivery of trauma care to the patient, both from the pre-hospital, hospital and rehabilitation phase of care.
- F. "Arizona state trauma registry" is a set of data collected by the department on trauma patients including incidence, causes, severity, outcomes and operations of a trauma system and its components.

DIVISION PRIMARY POSITION OF RESPONSIBILITY

Bureau Chief of the Bureau of Emergency Medical Services.

PROCEDURE

The procedure specified in this policy and procedure applies to all reports produced from statewide trauma registry data

A. Report Types

There are only three categories of reports. No other report types are to be generated from the Arizona State Trauma Registry.

1. **Standard Public Reports** will be produced on a quarterly basis by the state trauma registrar, from aggregate trauma data to include any of the following data elements, unless patient confidentiality would be breached. There must be 10 or more cases in any data field before that data field can be included in any report:
 - a. age
 - b. gender
 - c. time of day
 - d. day of week
 - e. ICU days
 - f. discharge disposition
 - g. E-Codes- place
 - h. E-codes -cause
 - i. ICD9 Codes
 - j. safety equipment used
 - k. length of stay
 - l. organ donor
2. **Quality Assurance Reports** will be produced at a facility level and a state and regional level for the purpose of evaluating trauma system performance. All quality assurance reports are confidential under A.R.S. 36-2220 and 36-2403 as a requirement of the state trauma system evaluation. The evaluation process will be defined and monitored by the Quality Assurance System Improvement Committee.
3. **Special Reports** are produced upon request for research and/or injury prevention organizations, with approval of the State Trauma Advisory Board or its equivalent governance structure. Special reports may also be generated for other public entities to address issues of public health concern. Special Reports may contain only statewide aggregate trauma data.

B. Dissemination of Reports

1. **Standard Public Reports** will be produced on a quarterly basis and released to the participating hospitals and available to the public provided the report meets the STAB approved template and is reviewed by the Bureau Chief of the EMS Bureau or their

designee. These reports may be made public provided they are aggregate in format following the procedure stated in A.1 of this document. The reports must contain descriptive information that is necessary to explain the information presented in the report. ADHS will not be held liable for misinterpretation of Public Reports.

2. **Quality Assurance Report** review will be conducted within the committee structure. Confidentiality statements will be obtained from all committee members. Reports reviewed in committee must be returned to the committee chairperson at the end of each meeting. Single source documents of reviewed QA reports will be retained in a secure area within the Trauma administrative office. All other documents are considered to be "work in progress."
3. **Special Reports** are only released after approval from STAB with prior review by the QASI/Data Committee. A written request is to be submitted to the QASI/Data Committee with specifications identifying the data elements to be utilized, the purpose, limitations of data ownership and the intended distribution of the report. Once received the report will be generated and approved before being disseminated.
4. A report will not be issued if it is determined that any patient, facility or provider may be identified.

C. **Process for Reports Distribution**

1. **Standard Public Reports** will be available on a quarterly basis and will be provided upon receipt of a written request from any public agency.
 - a. Any requestor will be provided an application form by FAX or mail.
 - b. Upon receipt of the written request by BEMS, the State Trauma Registrar will make a copy of the Standard Public Report and provide it to the requestor.
 - c. Upon request, BEMS can create a special report utilizing the limited data elements available from the Standard Public Reports. There may be an associated cost for labor and materials to produce the report. These reports are usually associated with some current public health concern. The report needs to have administrative review from BEMS prior to distribution.
2. **Quality Assurance Reports** will only be made available to committee members for their review and recommendations for system changes within the committee structure. Hard copies or computer disk copies of the individual cases cannot be disseminated to committee members outside of the meeting structure. All minutes and case information must be retained by the Trauma Services Administrative staff in a secure area. To release any of this information would be a violation of A.R.S. 36-2220 and 36-2403.

3. **Special Reports** may only be obtained through a formal application process. Requests are to be submitted in writing to BEMS* utilizing the approved form. Preliminary review will be made by the Bureau Chief and forwarded to the QASI/Data Committee. STAB or the QASI Committee can request the party to make a presentation to provide detail and clarification of the their request for data. Following their review, a recommendation will be made and forwarded to STAB for their consideration. If approved by STAB the request will be forwarded to the State Trauma Registrar for data retrieval in an appropriate format.

* (May want to clarify once governance structure for trauma system is established)

Approved by STAB: 3/23/00